DOCUMENT RESUME

ED 408 898 HE 030 217

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TITLE Marketing Power Tools for Building Better Connections.
PUB DATE 96
NOTE 12p.; Paper presented at the Annual Meeting of the American College Health Association (Orlando, FL, May 29-June 1, 1996).
PUB TYPE Opinion Papers (120) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Health Facilities; *Health Programs; Higher Education; *Marketing; Outreach Programs; *School Health Services; Strategic Planning; Student Personnel Services

ABSTRACT

This paper proposes use of marketing methods to improve college health services and enhance their perceived value. Ten key marketing principles are defined: (1) value of the service as seen by the target population; (2) exchange clients perceive benefits received as exceeding perceived costs; (3) competition offering a better product than the competition; (4) market research; (5) segmentation subdividing the market into groups with different needs; (6) consumer analysis the in-depth study of each market segment; (7) marketing mix--the combination of product, price, and promotion specifically targeted to a particular market; (8) demand analysis of the demand for the product; (9) customer satisfaction the need to meet or exceed clients' expectations; and (10) brand loyalty achieved when clients continue to use the service provided. Specific steps are offered to help college health services integrate these marketing principles into their practices. These include: assessment, a marketing education campaign, consumer research, reading marketing articles and going to marketing conferences, hiring a marketing specialist, rewarding risk-taking and experimentation by health services personnel, breaking down consumer-perceived barriers, reassessing product design and promotion of health services, and conducting market audits of health services philosophy and practices. (CH)

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ED 408 898

"Marketing Power Tools for Building Better Connections"

Presented at the 1996 Annual Meeting of the American College Health Association, May 29-June 1, 1996 by Karen Denard Goldman, PhD, CHES

Introduction

Marketing - people in the health field seem to either love it or hate it. People who hate it claim that marketing wastes money, is intrusive, manipulates clients or patients, lowers the quality of care as a result of deceptive advertising or advertising by incompetent providers, forces health care facilities to compete, and creates an unnecessary demand for care. With equal passion, others love marketing because it increases the satisfaction of the target audience, attracts more marketing resources, and improves organizational efficiency. What is the difference between these two groups? Usually, it's the fact that those who love marketing understand what it *really* is. Those who hate it tend to think "marketing" means "selling."

Like other health professionals, many College Health Service (CHS) personnel often use the word "marketing" as a synonym for "selling." What we say is, "How are we going to *market* our program?" when what we mean is, "How are we going to *sell* our program?" The difference is important. "Marketing is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives."[1] In other words, marketing is the development and evaluation of products for which a group of specifically identified prospective buyers will exchange something they already have and value (usually money). The result of this exchange between the company and the target buyer is the meeting of the organization's objective:

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making a profit. Selling is the process "whereby the seller ascertains, activates, and satisfies the needs or wants of the buyer to the mutual continuous benefit of both the buyer and seller."[2] Sound similar? Here is the difference. From a sales perspective, the primary task of a CHS is to stimulate potential consumers' interest in *existing* products and services; given a marketing orientation, the primary role of the CHS is to determine the needs and wants of specific target groups and to satisfy those needs and wants by attending to four factors: the design, communication, pricing, and delivery of appropriate and competitive products and services[2]. The difference is that in marketing staff are involved in satisfying customer needs through all stages of product development. This includes program/service or message design, pricing, distribution, and promotion (of which sales is just one of many strategies).

Is a sales approach *better* than a marketing approach? It depends. When a CHS is limited to promoting already existing products and services, a selling approach is appropriate. However, when CHS personnel are "starting from scratch" or evaluating their offerings in terms of which products, services, and communication campaigns are achieving desired results, marketing offers comprehensive self-auditing criteria.

Abraham Maslow has aptly noted that when we only have a hammer, we tend treat every problem as if it were a nail. The wide variety of problems with which we are faced in college health neccesitate a broad array of tools and technqiues. Expanding our repertoire of problem-solving strategies to include a marketing orientation, and the use of marketing concepts and tools can help a CHS achieve its mission. In this article, the author presents ten fundamental marketing concepts and tools and nine strategies for integrating a marketing orientation into a CHS...starting now.

Concepts and Tools

Value: Marketers base their plans on the premise "Value is in the eye of the beholder." On whose values do you base your CHES plans? *You* feel it's important to teach students about breast cancer awareness. The *students'* main concern, however, is fear of social rejection. *You* feel it's important to show the administration that your CHS immunization initiative reached over 85% of the students. However, the *administration* really values avoiding scandals such as rumors or local news stories about the outbreak of a communicable disease, drunk driving accidents, or sexual assault on campus. *You* base CHS promotional campaigns on the premise that students should be healthy so that they can do well in school. However, the group you want to impress, the *parents*, wants peace of mind. The parents want reassurance that if something does happen, the CHS can handle it and no one will need to call them and disrupt *their* lives.

A corollary of this concept, is that since changing a person's values is extremely difficult, energies should be spent identifying and playing into a target audience's existing values rather than changing them. For example, rather than try to get a student to value health more than acceptance among peers, demonstrate how use of CHS services decreases the likelihood of rejection by peers. Link the benefits of what you have to offer to your target population's values; link desired student health behavior to fundamental student life objectives.

Exchange: Marketers know that their job, at the core, is to facilitate the exchange of a consumer's existing behavior or belief for another behavior or belief. Consumers weigh two factors: the *perceived* time, energy, financial, emotional *costs* of adopting the new product/service/idea and the *perceived benefits* of adopting the new product/service/idea. If the

perceived benefits of the alternative you propose outweigh its perceived costs, the consumer will adopt your product, service or idea. If the perceived costs outweigh the perceived benefits (see **value**), they will reject your product, service or idea. A CHS marketer strives to increase the perceived benefits of CHS offerings, decrease the offerings' perceived costs, increase social pressure to adopt CHS offerings, decrease the desirability of the competitive alternatives, and facilitate a consumer's ability to act once the exchange decision has been made.

Competition: Marketers know that if a consumer chooses one option, s/he is always giving up another. Marketers never forget that other options, including inertia and doing nothing, are alternatives with perceived costs and benefits costs against which their offerings compete. An offering's perceived benefits and costs are specific to different target groups, and the alternatives against which our offering compete vary for each target group. Therefore, a CHS must be aware of what is appealing and unappealing in its own offerings and the competitors'. The objective is to maximize your option's benefits and reduce your option's costs...and to do the opposite for the competition. The competition "wins" when it satisfies some need our offering does not.

Market Research: Market research is the systematic process of collecting, analyzing, and interpreting information relevant to the success or failure of an offering. The purpose of market research is to help you make better marketing decisions about your offerings, and to help reduce risk. It is particularly important when there are more offerings than there is demand (see **demand**), when the amount of changing going on among consumers is intense, and when there is a great deal of competition. Market research can help you understand how a given target group will respond to a new CHS offering; how your competition will approach that target group with its own new or modified offerings; how parents, administrators, and students define quality,

service, convenience, and value; what the CHS's strengths and weaknesses are from the viewpoint of each group of customers with whom you do or want to do business; what your opportunities are and what investment of time and resources is necessary to take advantage of them; trends or events that could throw your strategic plan off track; what course of action your competition will take to capture a new consumer group or defend on it currently has; when you should invest in an existing offering to enhance its ability to capture new consumers, when to modify it to crease new uses for it, or when you should simply discontinue that offering; which features and benefits your CHS offerings' are most important to potential customers and where they obtain information about your services and competing services; and finally, what your target groups want and need and how best to meet those needs. Market research strategies include: surveys (e.g., telephone, face-to-face, pencil-paper), sampling (e.g., focus groups, hall/dorm/cafeteria/union/gym intercepts, nominal group process, Delphi technique, attend campus events and watch and listen, club meetings, coffee hours, talk with spouses and family members) and data analysis (e.g., clinic and/or emergency room reports, police reports, ICD-9 stats, chart audit, resident hall incident reports, student newspapers and radio programs, popular news and peer reviewed articles about colleges similar to yours).

Segmentation: Segmentation is the process of subdividing the entire potential audience for your offering (the market) into groups of people who exhibit different needs, characteristics or behavior. For example, within the student market, you'd want to segment your market into groups so that its members are similar in certain key ways: where they live (e.g., on campus or at home), their demographics (e.g., age, sex, income, religion, race, nationality, academic status: freshman, sophomore, graduate, etc.), psychographics (social class, life style, personality,

opinions, values, attitudes) and behavior (what benefits they seek, how often they do whatever the behavior is you're interested in, where they do whatever behavior you're interested in, how loyal they are to your offering or your competition's, their readiness to change, or their attitude toward your offering). You need to think how, if at all, students' response to your offering will vary based on whether they are male or female, freshmen or seniors, returning or straight out of high school, international vs "domestic", residents or commuters, full-time or part-time, transfer or ongoing, humanities or social science majors, minority or dominant culture students, able-bodied or not, etc. There are also ways in which the parent and administration populations can be segmented. After the segmentation process, there should be significant differences *between the groups* in terms of key characteristics or behavior - differences that probably warrant different strategies to facilitate the exchange you want. *Within* the groups, there should be a sense of homogeneity in terms of at least one key characteristic or behavior. The more carefully segmented your target audience, the more focused and effective your marketing efforts are likely to be (see **marketing mix**).

Consumer Analysis: Once you have learned enough about your market to segment it in a meaningful way, the next step is to study that segment in depth in terms of its members' demographics, psychographics (see **market research**), motives, values, needs and state of problem recognition. The same techniques used in market research can be used to study a market segment. The important point is, the more you know about the people with whom you wish to interact to facilitate an exchange of practices or ideas, the more likely you are to succeed.

Marketing mix: For each segment of your potential market that you decide to address, you need a specific marketing mix - a combination of product design, pricing, promotion and

distribution strategies specifically targeted at your market segment to facilitate their adoption of your offering for what it is already doing. If your market segment does not adopt an offering, reassess the offering in terms of all four P's: product, price, place and promotion.

Every *product* has three aspects: the tangible, the augmented, and the core product. When concerned about the lack of response to an offering, a marketer looks at the offering itself and asks a series of questions. Related to the product itself, a marketer asks, "What are the "tangibles" of this offering? Are there enough? Are they of sufficient quality? Do they please the consumer?" "What else do the consumers get when they choose our offering? If our offering were a dishwasher, consumers would also be entitled to delivery and installation and a warrantee. Similarly, what extras do we provide that positively reinforces our consumer's decision to participate in our offerings?" "What is it we are really offering and is it something this market segment really wants? For example, Revlon looks as if they offer cosmetics. What they really offer is 'hope.' What are we really offering and is that offering valued by our target population?"

Adopting a new belief or participating in a service incurs *costs* in terms of time, money, psychic or emotional energy, and physical effort. If the benefits of your offering, do not, in the eye of the beholder, outweigh these costs, the offering will not be adopted. Marketers interact with potential consumers to identify perceived costs in each of these areas and to reduce them.

Sometimes a potential consumer would like to adopt an offering, but can not because of how it is distributed or *place*d. Initially, savvy marketers develop distribution plans for their offerings based on the researched preferred channels of communications of the target audience. Should the offering not be adopted, these channels or offering outlets are reassessed. "Are these the most convenient and appropriate channels for this group? Are the outlets available,

accessible, and acceptable? Are the offering outlets set up so that enrolling in a service or obtaining the product being promoted is simple and easy?"

Whatever the product, there are four *promotion* strategies from which to choose: public relations (free mass media mention), sales (face to face interactions), incentives (gimmicks, hooks, discounts, gifts), and advertising (paid mass media sales pitches). Marketers assessing their offerings want to know if they are using an effective combination of all four techniques. If students attend a health promotion workshop, for example, do they also get on a mailing list that gives them advance notice of other upcoming events or services compared to their peers who did not participate in the workshop?"

Demand: A key characteristic by which you might wish to segment your market is by level of demand. Essentially, there are eight levels of demand, and for each there is a specific marketing approach. A *negative demand* means people are strongly adverse to your offering. Your task is to see why it is disliked and to see if product redesign, lower prices, modified access, and more positive promotion can change these negative feelings. Sometimes there is *no demand* for your offering. When demand is nonexistent, you objective is to find ways to connect the benefits of your offering with the market segment's natural needs and interests. When people want something they can not have because there is no offering, the marketer's task is to measure the size of the potential market and develop an effective offering that will satisfy this *latent demand*. Should there be a *declining demand* for an offering, creative remarketing (in terms of product redesign, product re-pricing, types of promotion and alternate channels of product distribution) is recommended. In cases of *irregular demand*, altering the time pattern of demand through flexible pricing, promotion, access and other incentives can help stabilize demand. Enjoy

full demand, knowing that you have precisely the level of demand you can handle at this point. Because of the constant possibility of change in market preferences and vigorous competition, the wise marketer works just as hard to maintain as develop demand. Occasionally you may find yourself with more demand for an offering than you want or can handle. In the case of *overful demand*, find ways to discourage demand temporarily or permanently by adjusting the design, price, promotion and distribution components of your marketing mix. Finally, in the health field, we are constantly faced with the phenomenon of *unwholesome demand*. When unwholesome products are attractive to consumers, the marketer's challenge is to discourage their use by campaigns that combine a strong emotional appeal and reduced availability of the product.

Two final key concepts of marketing are customer satisfaction and brand loyalty. Marketing research has established that it is actually six times as costly to attract a new client as to keep a current client. In addition, it is far easier and less expensive to attract existing customers to new services than it is to attract new clients to existing services. Essentially, the way to satisfy a client is to meet or exceed his or her expectations. Therefore, marketers are constantly trying to identify or influence customer expectations, to assess their clients for early warning signals of displeasure or dissatisfaction, and to promptly create product or service correction opportunities in the areas of product design, price, promotion and place. Loyalty has to do with the repeated use of the CHS in preference to competing alternatives (including not seeking care or education at all) or the regular use of the CHS for particular types of services. If you can show customer satisfaction, repeated CHS business, and a trend among service users to recommend your services to others, you have a secure and loyal customer!

Of course, it is unrealistic and unwise for any CHS to even consider converting overnight to a marketing approach. You'll need time to educate management and staff at all levels about what marketing is and what the implications of adopting this new "marketing mentality" are. New skills as well as attitudes may need to be fostered as part of a long-term in-service program. However, doing a little something, starting right, can make a difference. It is important, even on the most limited basis, to learn more about and to begin using these new marketing tools and, above all, to begin thinking like a marketer.

Here are nine steps toward integrating marketing into your CHS. (1) Assess yourself and your CHS to see to what degree you have a marketing vs. selling approach. (2) Start a marketing education campaign, beginning with your highest ranking or most influential manager. (3) Start conducting even the most elementary forms of consumer research. (4) Rub shoulders with real marketers - read their articles, meet them at marketing conferences or seminars - meet members of your college/university's marketing or business department. (5) Hire a marketing (not a promotion) specialist over a service specialist - or recruit a graduate marketing student for a CHS internship or field work experience. (6) Reward marketing related risk taking and experimentation by CHS personnel. (7) For each of your current programs or services, look for consumer-perceived barriers to break down. (8) Continually reassess the product design, price, place/distribution and promotion (the 4 P's) of each CHS offering. And last, (9) Conduct routine "marketing audits" of CHS philosophy and practice to see if you are practicing what you're preaching. You do not need to do it all to make a difference. Just do something. Good luck!

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